

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043776
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6234

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Frank Ellis MEDICAL CERTIFICATION

FILED DEC - 2 1963

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 15 yrs		Inside Limits Yes No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		d. STREET ADDRESS (If outside, give location) 615 E 9TH	
3. NAME OF DECEASED (Type or print) First Michael Middle Bishop Last Bishop		4. DATE OF DEATH Month 11 Day 15 Year 63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-24-82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME WAWIZYNI EC BIESIADECKI		11b. MOTHER'S MAIDEN NAME MARIA KACZAK	
12a. NAME OF HUSBAND OR WIFE VICTORIA		13. CITIZEN OF WHAT COUNTRY U.S.A.	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		15. INFORMANT DR EDWARD BESADECKY KCK.	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiration Pneumonia DUE TO (b) Arterio Sclerotic Heart Disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 1:00 Month, Day, Year 11-6-63		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 2400 Cherry Street	
21. I attended the deceased from 11-6-63 to 11-15-63 and last saw her alive on 11-15-63		22. ADDRESS 2400 Cherry Street	
22a. SIGNATURE Frank Ellis (Degree of title)		22b. ADDRESS 2400 Cherry Street	
22c. DATE SIGNED 11-16-63		23. NAME OF CEMETERY OR CREMATORY MT OLIVET CEM	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11-18-63	
23c. LOCATION (City, town, or county) KANSAS CITY, Mo		23d. DATE RECD. BY LOCAL REG. 11-16-63	
24. FUNERAL DIRECTOR SEBBETO'S		25. REGISTRAR'S SIGNATURE Bessie Smith	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Farrest D. Goldsnow

Licensed Embalmer No. 4714

P. O. Address HC Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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